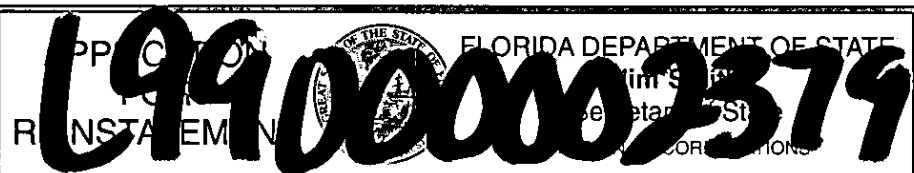


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV 15 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000002379

Name and Mailing Address

0008212 01 FP 0.352 \*\*PRSRT T5 0 0615 70601-708199



ASSET SOLUTIONS, LLC  
1011 WEST 18TH STREET  
LAKE CHARLES LA 70601-7081



2. New Mailing Address <b>25 River Road</b> City, State, Zip <b>Lake Charles LA, 70601</b>		4. State/Country of Formation <b>FL</b>	
Principal Place of Business <b>25 River Rd</b> <b>1011 WEST 18TH STREET</b> <b>LAKE CHARLES LA 70601</b>		5. Date Organized or Qualified To Do Business in Florida <b>04/26/1999</b>	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <b>72-1457235</b>	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent <b>DAVIS, ROBERT M</b> <b>3800 INVERRAY BLVD., SUITE 209</b> <b>LAUDERHILL FL 33319</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Robert M Davis* Date **11/5/02**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DAVIS, ROBERT M	3316 N.E. 14TH COURT	FORT LAUDERDALE FL 33304
900009019279 11/15/02--01020--017 **150.00			
DECLARATION <u><i>02</i></u> <u><i>Robert M Davis</i></u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Robert M Davis* Date **11/5/02** Daytime Phone # **337-575-5758**

Typed or printed name of signing Managing Member/Manager **Robert M Davis**

CR2E084 (8/02)